



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*Handwritten:*  
#6  
CMI  
S. Bryce  
3/25/03

In re Application of

Dated: March 5, 2003

BRIAN O'HOLLORAN  
and PATRICK J. FERGUSON

Our File: CMI 304B

Serial No. : 09/863,074

Group Art Unit: 3763

Filed : May 21, 2001

Examiner: Desanto, Matthew F.

For : SURGICAL NEEDLE WITH  
HAND-ACTUABLE LOCK MECHANISM

Commissioner for Patents  
**BOX NON-FEE RESPONSES**  
Washington, D.C. 20231

**RECEIVED**  
MAR 20 2003  
TECHNOLOGY CENTER HQ700

Sir:

**AMENDMENT AND  
RESPONSE TO RESTRICTION REQUIREMENT**

Responsive to the first Office action, applicant amends the above-identified application as follows:

In the Claims:

Please cancel without prejudice claims 6-17 and 27.

**REMARKS**

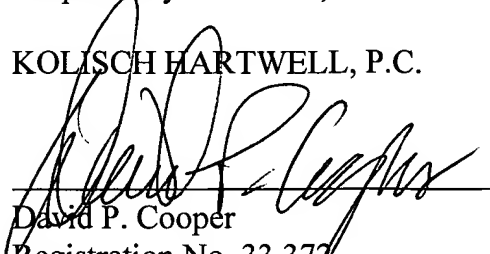
Responsive to the first Office action, applicant provisionally elects without traverse Invention I, Claims 1-5 and 18-26 focusing on a surgical needle. In addition, applicant elects Species A disclosed in Fig. 2, and applicant believes that claims 1-5 and 18-26 each cover

that Species. Finally, applicant confirms that no amendment to inventorship is necessary based upon the above-identified cancellation of certain claims without prejudice.

Respectfully submitted,

KOLISCH HARTWELL, P.C.



  
David P. Cooper

Registration No. 33,372

of Attorneys for Applicant

520 S.W. Yamhill Street, Suite 200

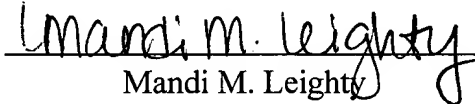
Portland, Oregon 97204

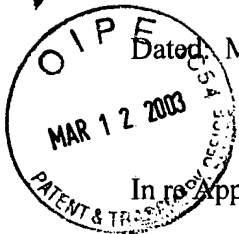
Telephone: (503) 224-6655

Facsimile : (503) 295-6679

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, BOX NON-FEE RESPONSES, Washington, D.C. 20231 on March 5, 2003.

  
Mandi M. Leighty



Dated: March 5, 2003

Our Case Docket No.: CMI 304B

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Commissioner for Patents  
**BOX NON-FEE RESPONSES**  
Washington, D.C. 20231

Sir:

Transmitted herewith is an AMENDMENT and RESPONSE TO  
RESTRICTION REQUIREMENT for filing in the above-identified application:

X No additional fee is required.

The fee has been calculated as shown below  
Claims as Amended  
SMALL ENTITY

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest number previously paid for	Present extra	Rate	Additional fee
Total						
Claims	14	Minus	27	0	\$ 09.00	= \$ 00.00
Independent						
Claims	2	Minus	4	0	\$ 42.00	= \$ 00.00
This additional fee for this amendment						\$ 00.00

X Please charge any additional fees or credit overpayment to Deposit Account No. 11-1540. A duplicate copy of this sheet is enclosed.



DPC:mm1  
Enclosures

Respectfully submitted,

KOLISCH HARTWELL, P.C.

David P. Cooper

Registration No. 33,372

Of Attorneys for Applicants

520 S.W. Yamhill Street, Suite 200

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